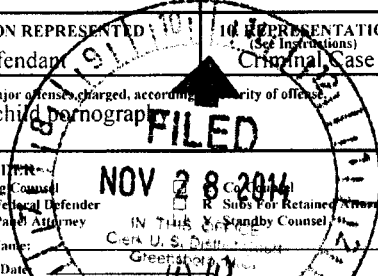
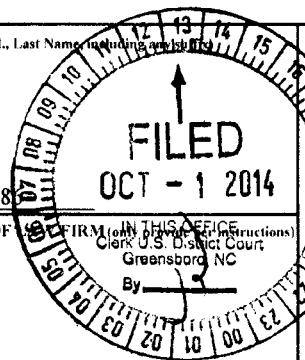


12-15
B

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

1-13-15

1. CIR./DIST./DIV. CODE NCM	2. PERSON REPRESENTED HILL, BRIAN DAVID	VOUCHER NUMBER 1426000106			
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 1:13-00435-001	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER		
7. IN CASE/MATTER OF (Case Name) US v. HILL	8. PAYMENT CATEGORY Felony	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE (See Instructions) Criminal Case		
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to priority of offense. 1) 18 2252A.F -- Activities relating to material constituting or containing child pornography					
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including appointment) AND MAILING ADDRESS COALTER, JOHN SCOTT 910 North Elm Street Greensboro NC 27401 Telephone Number: (336) 549-5388		13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Paid Attorney Attorney's Name: <u>William L. Ostrum</u> Appointment Date: <u>10/01/2014</u> Because the above-named person represented has notified under oath it has been satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel and because the interests of justice require, the court appoints the person whose name appears in Item 12 to represent this person in this case. Other (See Instructions) Signature of Presiding Judicial Officer or By Order of the Court: <u>William L. Ostrum</u> Date of Order: <u>10/01/2014</u> Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO			
14. NAME AND MAILING ADDRESS OF FIRM (only if you are a firm) (only if you are a firm) (only if you are a firm) COALTER LAW, P.L.L.C. 910 N. Elm St. Greensboro NC 27401		By: <u>William L. Ostrum</u> Date: <u>10/01/2014</u>			



CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
15. In Court	a. Arraignment and/or Plea					
	b. Bail and Detention Hearings					
	c. Motion Hearings					
	d. Trial					
	e. Sentencing Hearings	1.2 ✓				
	f. Revocation Hearings					
	g. Appeals Court					
	h. Other (Specify on additional sheets) Status Conference	1.0 ✓				
(Rate per hour = \$ 126) TOTALS:		2.2 ✓	277.20 ✓			
16. Out of Court	a. Interviews and Conferences	8.7 ✓				
	b. Obtaining and reviewing records	11.4 ✓				
	c. Legal research and brief writing	9.0 ✓				
	d. Travel time	4.3 ✓				
	e. Investigative and Other work (Specify on additional sheets)	.4 ✓				
	(Rate per hour = \$ 126) TOTALS:		33.8 ✓	4258.80 ✓		
17. Travel Expenses (lodging, parking, meals, mileage, etc.)			144.48			
18. Other Expenses (other than expert, transcripts, etc.)						
GRAND TOTALS CLAIMED AND ADJUSTED:			4680.48 ✓			

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM <u>10-1-14</u> TO <u>11-12-14</u>	20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION	21. CASE DISPOSITION <u>04 DS</u>
22. CLAIM STATUS <input checked="" type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: <u>[Signature]</u> Date: <u>11-26-14</u>		

APPROVED FOR PAYMENT - COURT USE ONLY					
23. IN COURT COMP. <u>277.20</u>	24. OUT OF COURT COMP. <u>4258.80</u>	25. TRAVEL EXPENSES <u>144.48</u>	26. OTHER EXPENSES <u>—</u>	27. TOTAL AMT. APPR / CERT <u>4680.48</u>	
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER <u>William L. Ostrum</u>			DATE <u>12-30-14</u>	28a. JUDGE / MAG. JUDGE CODE <u>1813</u>	
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED	
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE	

OK
CDS
12/5/14